



ROBERT G. ATKINS  
AGRICULTURAL COMMISSIONER  
SEALER OF WEIGHTS  
AND MEASURES

*County of San Diego*  
**DEPARTMENT OF AGRICULTURE, WEIGHTS & MEASURES**  
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**SUBMETER COMPLAINT**

San Diego County Department of Agriculture-weights and Measures is responsible for ensuring the accuracy of submetered devices. These devices are used to distribute utilities (electric, gas, and/or water) purchased by the park/establishment or owner/operator from a serving utility through a master meter. The Department also ensures the owner/operator of submetered devices is applying the same method of billing and rates as set by the serving utility, for individual customers.

**In order to evaluate your complaint and to avoid delays, we must have photocopies of THREE of your most recent consecutive utility bills or any billing in question. Please complete the section below:**

I HAVE A COMPLAINT AGAINST (please print):

YOUR NAME			BUSINESS/OWNER		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

Phone number where you may be reached 8:00 A.M. – 4:00 P.M. MON-FRI \_\_\_\_\_

Do you receive a monthly billing statement? [ ] YES (Please attach photocopies) [ ] NO

Date(s)/Time Period of occurrence (MONTH/DAY/YEAR) \_\_\_\_\_

Have you contacted the responsible party? [ ] YES [ ] NO

We are required to inform the management of our presence in the park/establishment and the nature of our business.

Is your home heated by: Electricity [ ] Gas [ ]

Is your water heated by: Electricity [ ] Gas [ ]

Check the type of meter you have a complaint against: Electric [ ] Gas [ ] Water [ ]

Check all boxes that apply to your complaint:  
[ ] Inaccurate Meter  
[ ] Misread Meter  
[ ] Billing Error

Gas and water meters can only be tested at our office in Kearny Mesa. The test takes a minimum of 48 hours. The management should make arrangements to remove your meter and have it delivered there. When the test is complete, management will be notified to pickup the meter and the test result. You will also be informed of the test results.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby understand and agree that I may be called as a witness in the event of legal action taken as a result of this complaint.

Signed \_\_\_\_\_ Date \_\_\_\_\_